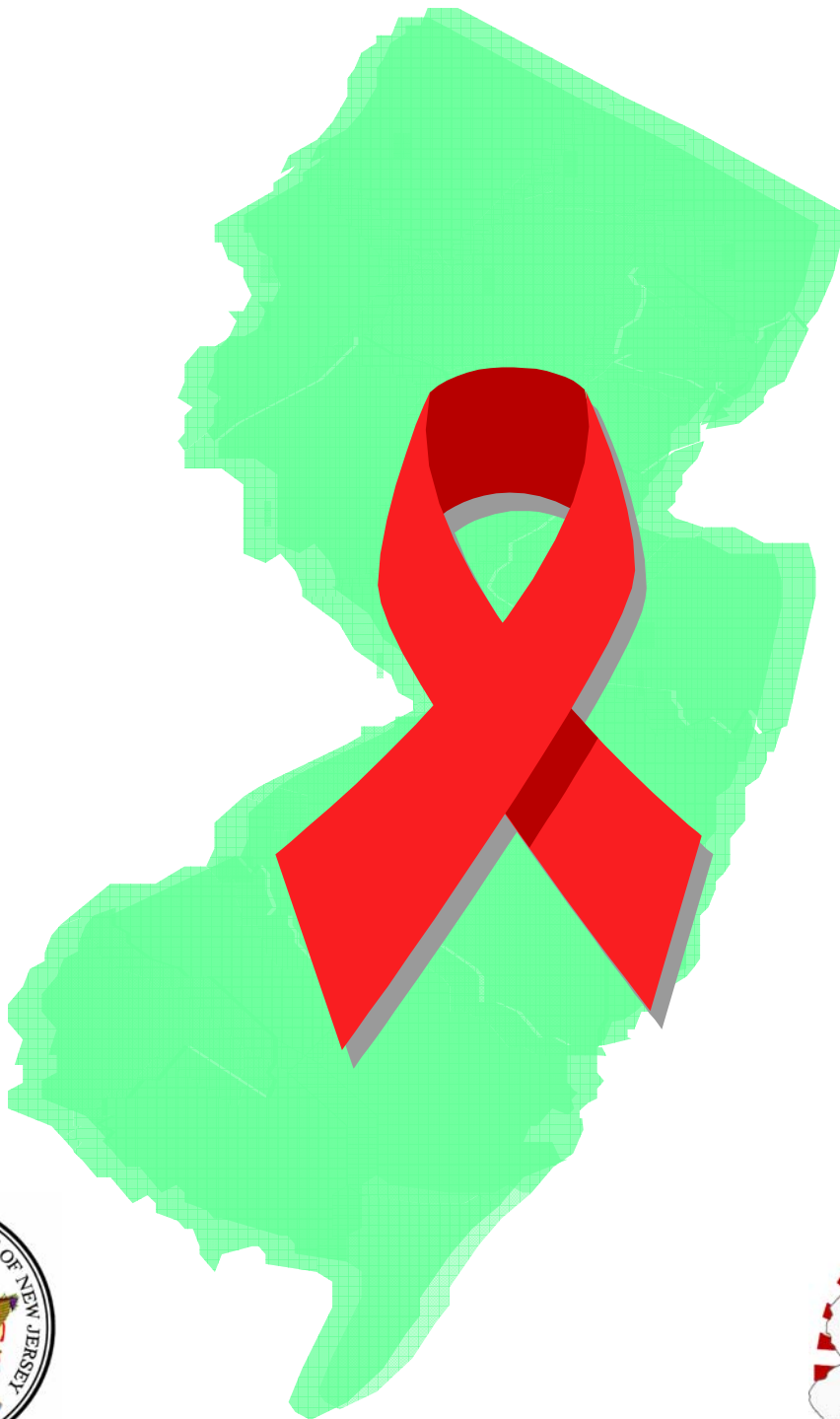


# NEW JERSEY HIV/AIDS REPORT

December 31, 2005



Jon S. Corzine  
Governor

Division of HIV/AIDS Services  
...preventing disease with care



Fred M. Jacobs, M.D., J.D.  
Commissioner

## **Division of HIV/AIDS Services**

...preventing disease with care

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**Care and Treatment Services Unit** (609) 984-6328

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HIV Care Consortia  
HIV Counseling and Testing Program (609) 984-6125  
HIV Early Intervention Program  
HIV Home Health Care Program  
Housing Opportunities for Persons with AIDS

**Epidemiologic Services Unit** (609) 984-5940

Case Reporting Forms  
HIV/AIDS Statistics  
Epidemiologic Studies  
Notification Assistance Program-Newark (973) 648-7500

**Prevention and Education Services Unit** (609) 984-6050

Community-based HIV Prevention Projects  
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Printed Material distribution

Visit the New Jersey Department of Health and Senior Services' website:  
[www.state.nj.us/health](http://www.state.nj.us/health).

To request to have this report link e-mailed to you, to be added to our mailing list, or to request other information, contact us by telephone or by e-mail.

Telephone (609) 984-5940 e-mail [aids@doh.state.nj.us](mailto:aids@doh.state.nj.us)

**Questions?** Contact New Jersey HIV/AIDS Hotline 1-800-624-2377

## Highlights

- By the end of 2005, 32,885 people are reported living with HIV or AIDS in New Jersey.
- Minorities account for 75% of adult/adolescent cumulative HIV/AIDS cases and 78% of all persons living with HIV/AIDS (Page 6).
- Injection drug use and sexual contact remain the major modes of exposure to HIV infection. The proportion of reported cases with HIV/AIDS who were exposed through injection drug use (IDU) is lower than in the past, while the proportion of cases that were exposed through sexual contact is increasing (Page 10-11).
- Seven of ten persons living with HIV/AIDS are 40 years of age or older (Page 12).
- Thirty-six percent of those living with HIV/AIDS are females; 3 out of 4 females are currently 20-49 years old (Page 12).

## Featured Articles

This report features an update on the IMPACT initiative.

## Special Features

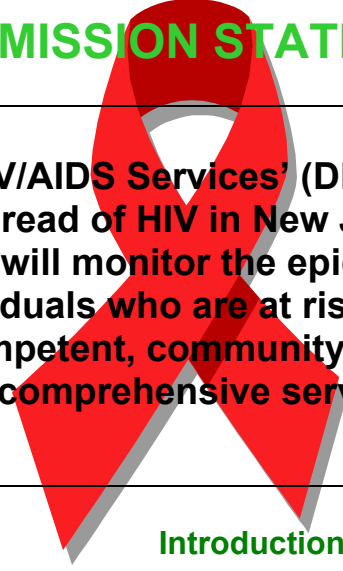
**The centerfold map** features a complete reporting of HIV/AIDS cases, perinatal HIV infections, and perinatal exposure by county.

Copies of this report are available on the NJDHSS' website at [www.state.nj.us/health](http://www.state.nj.us/health). The website also contains complete county and municipal reports.



Look for these shoes to help you walk through the data!

## MISSION STATEMENT



The Division of HIV/AIDS Services' (DHAS) mission is to prevent, treat, and reduce the spread of HIV in New Jersey. In keeping with this mission, the DHAS will monitor the epidemic and assure through its resources that individuals who are at risk or infected with HIV have access to culturally competent, community-based networks that provide qualitative and comprehensive services.

### Introduction

The purpose of this report is to provide data that can be used for monitoring the epidemic and for planning services and prevention activities. All data in this report are based on cases that were reported to the Division of HIV/AIDS Services (DHAS) through December 31, 2005. A description of how these data are collected can be found in the June 2002 HIV and AIDS Surveillance Report. This is available on the NJDHSS' website at [www.state.nj.us/health](http://www.state.nj.us/health). If you would prefer to receive this report by e-mail contact us at [aids@doh.state.nj.us](mailto:aids@doh.state.nj.us) and we will e-mail you a link to the report.

### What can I find in this report?

#### Epidemiology

**Adult/Adolescent HIV/AIDS cases in each age group, in each racial/ethnic group, and for each HIV/AIDS exposure category by gender for the most recent year, as well as cumulatively.**

These tables show all adult/adolescent persons reported with HIV infection including those who have progressed to AIDS whether living or deceased. As new therapies become available, a larger percentage of cases will remain HIV positive for longer periods of time before developing AIDS. Looking at both HIV and AIDS status provides a more complete picture of the history of infection in the State than does data about AIDS alone. It is also important to note that cases reported in the past 12 months may have been diagnosed in previous years, but due to reporting delays were only recently reported.

**Persons *living* with HIV or AIDS for each gender by age group, in each racial/ethnic group, and for each exposure category.**

These data show where the epidemic is now and where services are most needed.

## **Pediatric HIV/AIDS and Exposures**

These data show the cases for individuals diagnosed while under the age of 13. The data include information on perinatal exposures and other pediatric infections.

## **Prevention Initiatives**

Updated data for the 10 cities in which the IMPACT initiative is conducted are presented.

## **Modified Risk Exposure Hierarchy**

Although we usually cannot determine exactly how or when a person was infected, it is possible to determine which behaviors exposed an individual to HIV infection. In the 1980s the Centers for Disease Control and Prevention (CDC) established a hierarchy to categorize modes of exposure for persons reported with AIDS based on their risk exposures. Behaviors most likely to lead to infection are higher in the hierarchy than those less likely to lead to infection. This hierarchy is described at [www.cdc.gov/hiv/stats/hasr1402/technotes.htm](http://www.cdc.gov/hiv/stats/hasr1402/technotes.htm).

Beginning in the June 2004 report, we began to use a modified risk hierarchy. Heterosexual contact with a person of unknown status was reported as “heterosexual contact with partners of unknown HIV risk.” Prior to that, these cases were reported as persons with unknown risk exposure. Heterosexual contact with persons of known risk are reported by the risk status of the partner. Due to improvements in the screening of donated blood, transfusions have been virtually eliminated as an exposure category for HIV infection. In this report, transfusion and hemophilia cases are reported in the “Other/Unknown” category.

The ascertainment of exposure category is incomplete, especially for cases reported recently. Some cases currently in the “Other/Unknown” category may be categorized later to known exposure categories as follow-up investigations are completed.

## **What won't this report tell me?**

Due to delays between diagnosis of HIV or AIDS and reporting to the DHAS, cases reported during the last 12 months may have been diagnosed in previous years. Also, many cases diagnosed in 2004 and 2005 may not be in this report. It is also important to note that individuals who are infected but not tested and diagnosed are not included in these reports. It is estimated that undiagnosed and unreported cases comprise approximately one-third of all estimated infections. (Janssen R. et al, AMJPH, Vol. 91, No. 7, Page 1019, July 2001) The number of persons living with HIV/AIDS is only an estimate because of the incomplete mortality data due to delays in reporting deaths of HIV/AIDS cases, and migration in or out-of-state. Therefore, true incidence and prevalence rates cannot be obtained from this data.

## RACE/ETHNICITY DATA

**Table 1. New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2005 - December 2005 (1)  
and Cumulative Totals as of December 31, 2005  
Racial/Ethnic Group by Gender**

Adults/ Adolescents (2)	MALE				FEMALE				TOTAL				Percentage of Cumulative Cases Who Are Female
	Jan. 2005- Dec. 2005 No.	(%)	Cumulative Total No.	(%)	Jan. 2005- Dec. 2005 No.	(%)	Cumulative Total No.	(%)	Jan. 2005- Dec. 2005 No.	(%)	Cumulative Total No.	(%)	
White	291	23%	12,495	27%	72	13%	3,555	17%	363	20%	16,050	24%	22%
Black	643	51%	23,581	52%	388	68%	13,340	65%	1,031	56%	36,921	56%	36%
Hispanic	312	25%	8,934	20%	101	18%	3,344	16%	413	22%	12,278	19%	27%
Asian/Pac. Isl.	13	1%	223	0%	1	0%	82	0%	14	1%	305	0%	27%
Other/Unknown	11	1%	221	0%	7	1%	115	1%	18	1%	336	1%	34%
Total	1,270	100%	45,454	100%	569	100%	20,436	100%	1,839	100%	65,890	100%	31%

(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

(2) Includes all patients 13 years of age or older at time of first diagnosis. Patients with missing specific age at diagnosis were not included.

Note: Percentages may not add to 100 due to rounding.

**Table 2. New Jersey Residents Living with HIV/AIDS  
as of December 31, 2005  
Racial/Ethnic Group by Gender**

Race/Ethnicity	MALE		FEMALE		TOTAL		Percentage of Prevalent Cases Who Are Female
	No.	(%)	No.	(%)	No.	(%)	
White	5,227	25%	1,933	16%	7,160	22%	27%
Black	10,778	51%	7,504	64%	18,282	56%	41%
Hispanic	4,776	23%	2,112	18%	6,888	21%	31%
Asian/Pac. Isl.	168	1%	69	1%	237	1%	29%
Other/Unknown	205	1%	113	1%	318	1%	36%

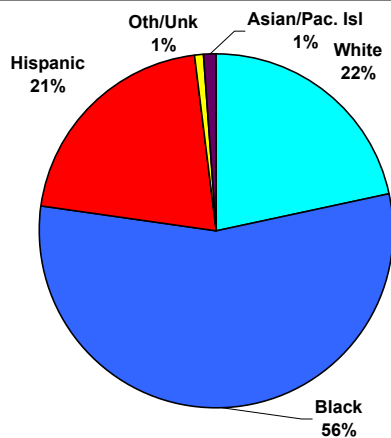


Minorities account for 75% of the cumulative adult/adolescent HIV/AIDS cases, and the disparity is growing.

Thirty-one percent of the cumulative HIV/AIDS cases are women.

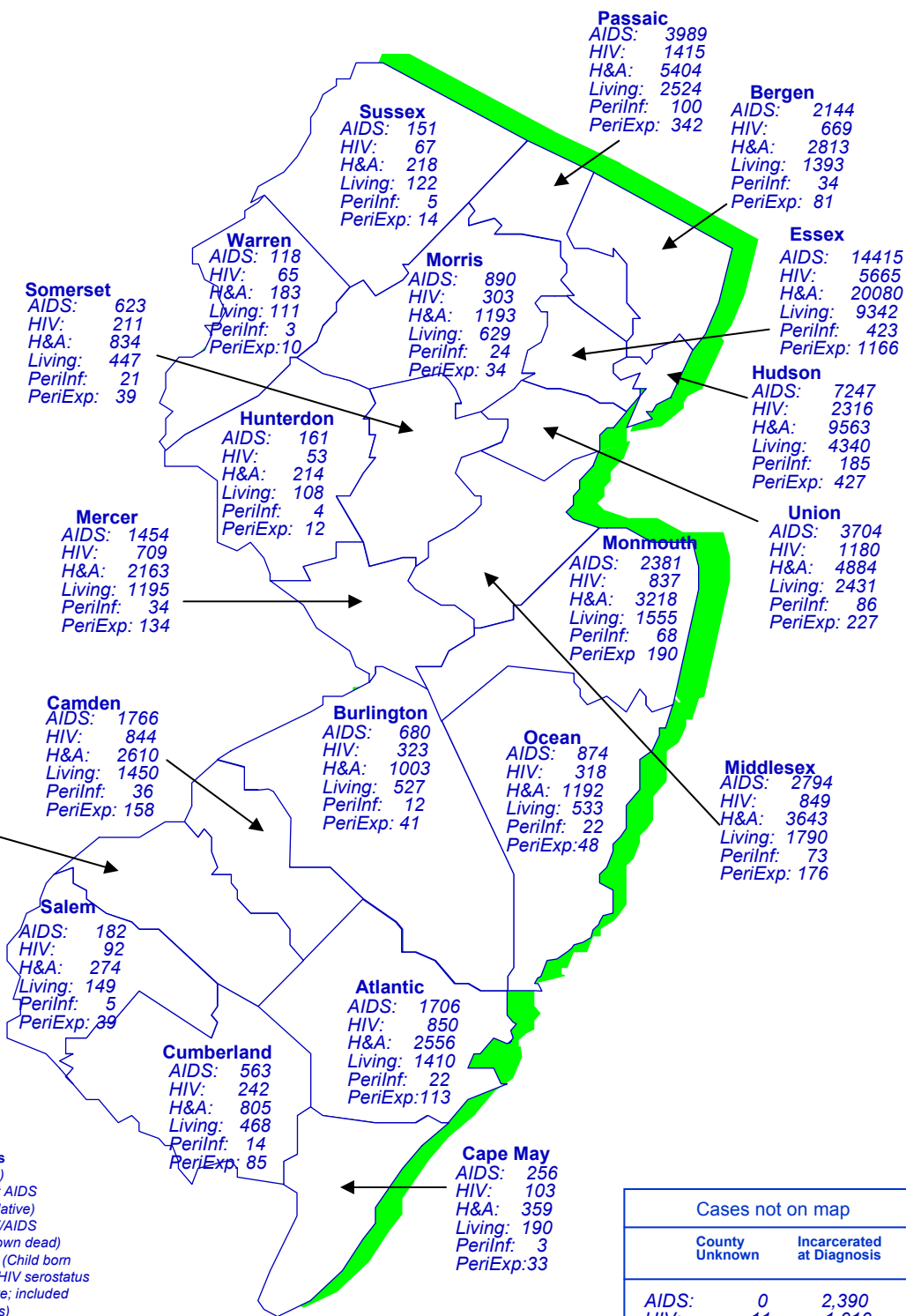
Over half of persons living with HIV/AIDS are non-Hispanic Blacks.

Thirty-six percent of those living with HIV/AIDS are females. Four out of those five females are minorities.



# CASES OF HIV/AIDS AND PERINATAL HIV EXPOSURE REPORTED AS OF DECEMBER 31, 2005

Statewide Summary Case Counts	
AIDS:	48,858
HIV:	18,297
H&A:	67,155
Living:	32,885
PerInf:	1,179
PeriExp:	3,408



**Legend for Summary Case Counts**  
AIDS = AIDS cases (cumulative)  
HIV = HIV Positive Cases, not AIDS  
H&A = HIV/AIDS Cases (cumulative)  
Living = Persons Living with HIV/AIDS (HIV/AIDS cases not known dead)  
PerInf = Perinatal HIV Infections (Child born to HIV+ mother, child's HIV serostatus is confirmed HIV Positive; included in HIV/AIDS case counts)  
PeriExp = Perinatal HIV Exposures (Child born to HIV+ mother, child's HIV serostatus is negative or indeterminate; NOT included in HIV/AIDS case counts)

Cases not on map		
	County Unknown	Incarcerated at Diagnosis
AIDS:	0	2,390
HIV:	11	1,010
H&A:	11	3,400
Living:	11	1,854
PerInf:	0	0
PeriExp:	19	0



## HIV EXPOSURE CATEGORY DATA

**Table 3. New Jersey Adult/Adolescent (1) HIV/AIDS Cases Reported January 2005-December 2005 (2) and Cumulative Totals as of December 31, 2005 Modified Exposure Category by Gender**

Modified Exposure Category (3)	MALE				FEMALE				TOTAL				% of Cum. Cases Female
	Jan. 2005-Dec. 2005		Cumulative Total		Jan. 2005-Dec. 2005		Cumulative Total		Jan. 2005-Dec. 2005		Cumulative Total		
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	
MSM (4)	427	34%	12,873	28%	0	0%	0	0%	427	23%	12,873	20%	0%
IDU (4)	167	13%	18,545	41%	90	16%	8,234	40%	257	14%	26,779	41%	31%
MSM/IDU	16	1%	2,161	5%	0	0%	0	0%	16	1%	2,161	3%	0%
Heterosexual contact with partner(s):													
- injection drug user	15	1%	847	2%	26	5%	2,742	13%	41	2%	3,589	5%	76%
- bisexual male	0	0%	0	0%	5	1%	172	1%	5	0%	172	0%	100%
- HIV infection, risk Other/Unknown	87	7%	2,971	7%	106	19%	4,328	21%	193	10%	7,299	11%	59%
- partner(s) of unknown HIV risk (5)	351	28%	4,600	10%	259	46%	3,528	17%	610	33%	8,128	12%	43%
Other/Unknown (6)	207	16%	3,457	8%	83	15%	1,432	7%	290	16%	4,889	7%	29%
Total number of individuals	1,270	100%	45,454	100%	569	100%	20,436	100%	1,839	100%	65,890	100%	31%

- (1) Includes all patients 13 years of age or older at time of diagnosis. Patients with missing specific age at diagnosis were not included.  
 (2) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.  
 (3) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 5).  
 (4) MSM = male-to-male sex. IDU = injection drug use.  
 (5) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.  
 (6) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

Note: Percentages may not add to 100 due to rounding.

**Table 4. New Jersey Residents Living with HIV or AIDS as of December 31, 2005 Modified Exposure Category by Gender**

Modified Exposure Category (1)	MALE		FEMALE		TOTAL		% of Cases Female
	No.	(%)	No.	(%)	No.	(%)	
MSM (2)	6,263	30%	0	0%	6,263	19%	0%
IDU (2)	6,190	29%	3,414	29%	9,604	29%	36%
MSM/IDU	843	4%	0	0%	843	3%	0%
Heterosexual contact with partner(s):							
- injection drug user	410	2%	1,375	12%	1,785	5%	77%
- bisexual male	0	0%	109	1%	109	0%	100%
- HIV infection, risk Other/Unknown	1,941	9%	2,957	25%	4,898	15%	60%
- partner(s) of unknown HIV risk (3)	3,148	15%	2,622	22%	5,770	18%	45%
Other/Unknown (4)	2,359	11%	1,254	11%	3,613	11%	35%
Total number of individuals	21,154	100%	11,731	100%	32,885	100%	36%

- (1) Cases with more than one risk factor, other than the MSM/IDU combination listed in the table, are tabulated only in the group listed first. The heterosexual contact exposure category has been modified to include contact with partners of unknown HIV risk (see note 3).  
 (2) MSM = male-to-male sex. IDU = injection drug use.  
 (3) Includes patients with no other risk identified who had heterosexual contact with partner(s) whose HIV infection risk is undocumented/unknown.  
 (4) Includes patients who received transfusion, transplant or hemophilia treatment, whether or not blood products were documented to be HIV infected; patients with pediatric HIV exposures; and patients with no reported HIV exposure.

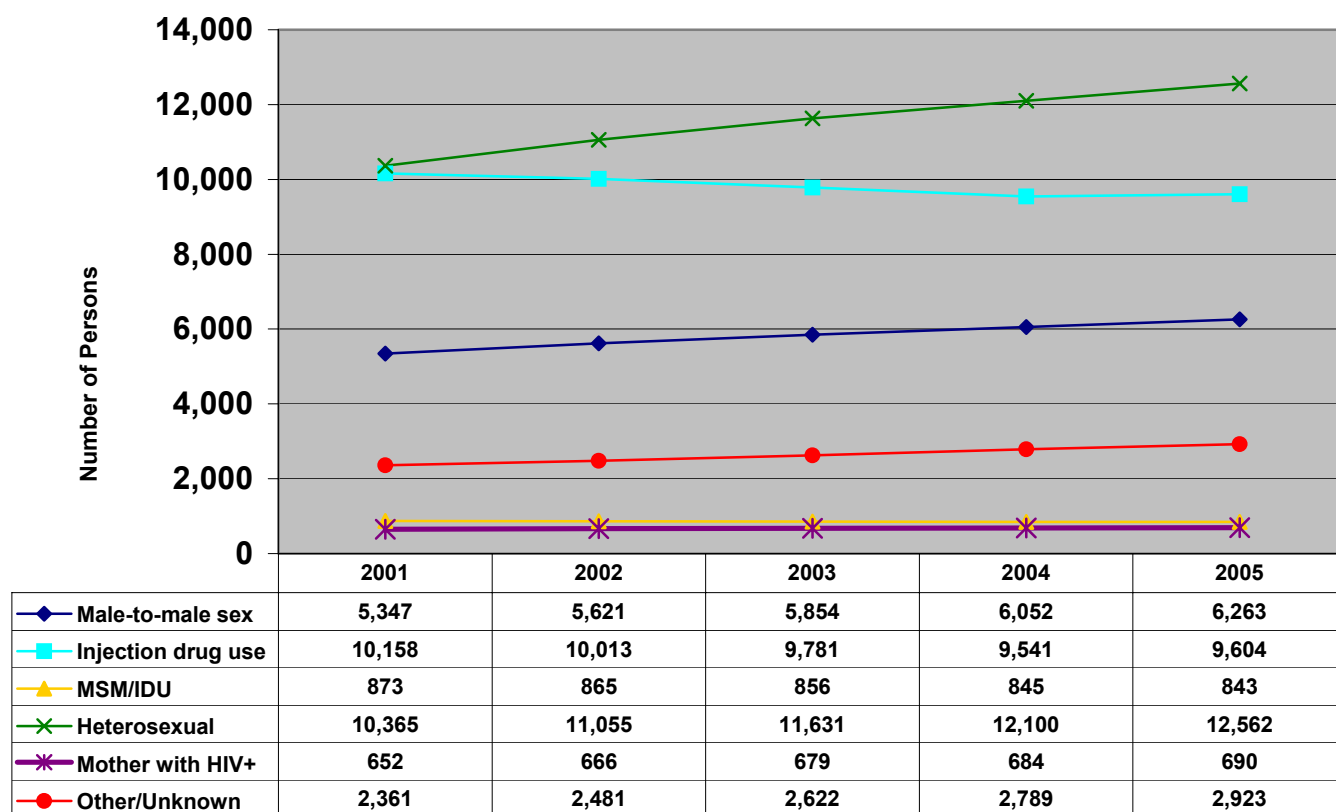
Note: Percentages may not add to 100 due to rounding.



Forty-one percent of all cumulative adult/adolescent HIV/AIDS cases were exposed by IDU, 28% by heterosexual contact, and 20% by male-to-male sex. Only 7% of cumulative cases (and 16% of cases recently reported in the last 12 months) were exposed through another risk factor, or had no risk exposure reported.



**Figure 3. Estimated Persons Living with HIV/AIDS in New Jersey by Modified Exposure Category 2001-2005**



Source: New Jersey HIV/AIDS Reporting System as of 12/31/2005



The number of people living with HIV/AIDS who were exposed through injection drug use (IDU) has generally shown a downward trend between 2001 and 2005 as the number of people living with HIV/AIDS who were exposed through male-to-male sex (MSM) or heterosexual contact (modified category – see p. 5) has continued to increase. The rate of increase for heterosexual contact is steeper. The number of individuals living with HIV/AIDS who were infected perinatally (born to an HIV+ mother) has also remained relatively stable over this period. The number of cases with an unknown mode of exposure is higher in recent years, because data about mode of exposure is often established by investigations years after the original case is reported.

**Table 5. New Jersey Adult/Adolescent HIV/AIDS Cases Reported January 2005 - December 2005 (1)  
and Cumulative Totals as of December 31, 2005  
Age at Diagnosis by Gender**

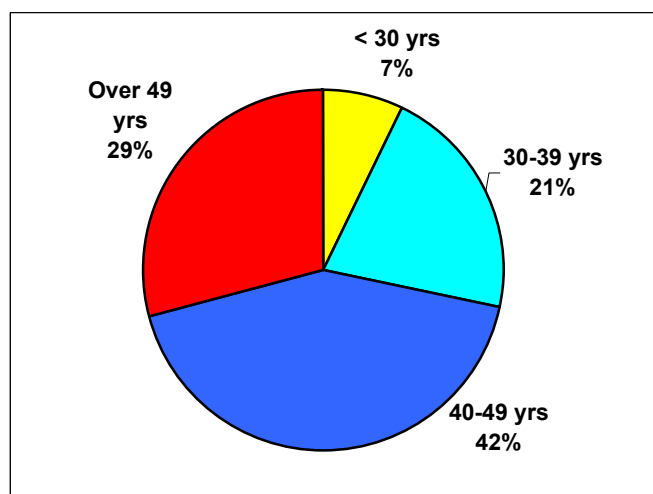
Known Age at Diagnosis	MALE				FEMALE				TOTAL			
	Jan. 2005- Dec. 2005		Cumulative Total		Jan. 2005- Dec. 2005		Cumulative Total		Jan. 2005- Dec. 2005			
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
13-19	22	2%	362	1%	23	4%	439	2%	45	2%	801	1%
20-29	233	18%	7,647	17%	90	16%	4,999	24%	323	18%	12,646	19%
30-39	382	30%	19,916	44%	189	33%	9,061	44%	571	31%	28,977	44%
40-49	393	31%	12,506	28%	178	31%	4,275	21%	571	31%	16,781	25%
Over 49	240	19%	5,023	11%	89	16%	1,662	8%	329	18%	6,685	10%
Total	1,270	100%	45,454	100%	569	100%	20,436	100%	1,839	100%	65,890	100%

(1) Includes every new report of HIV infection received during the 12 month period, regardless of stage of disease (HIV or AIDS) at time of first report.

Note: Percentages may not add to 100 due to rounding.

Current Age	MALE		FEMALE		TOTAL	
	No. (%)		No. (%)		No. (%)	
	No.	(%)	No.	(%)	No.	(%)
0-12	155	1%	160	1%	315	1%
13-19	200	1%	195	2%	395	1%
20-29	941	4%	718	6%	1,659	5%
30-39	4,078	19%	2,914	25%	6,992	21%
40-49	8,980	42%	4,978	42%	13,958	42%
Over 49	6,800	32%	2,766	24%	9,566	29%
Total	21,154	100%	11,731	100%	32,885	100%

Note: Percentages may not add to 100 due to rounding.



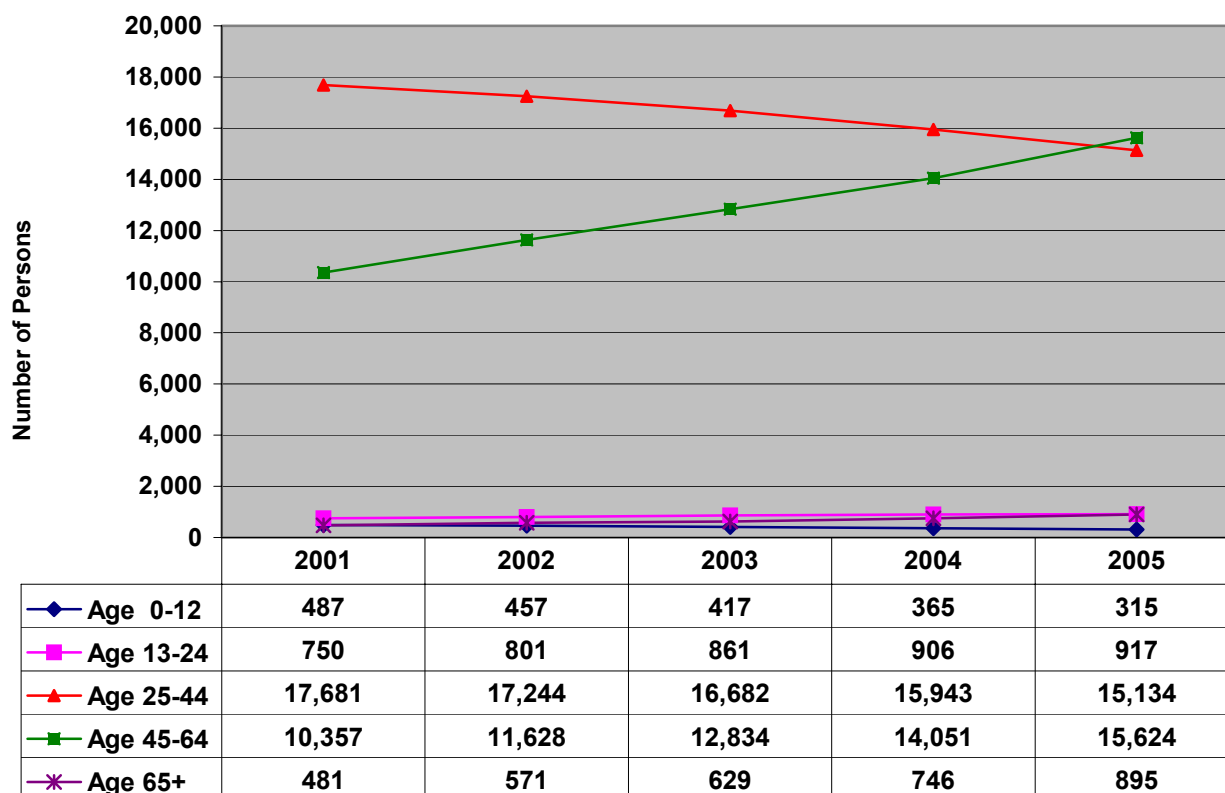
Recently reported cases of adult/adolescent HIV and AIDS are older at diagnosis than previously reported cases.

Seventy-one percent of those living with HIV or AIDS are 40 years of age or older.

Thirty-six percent of those living with HIV/AIDS are females.

Nearly three out of four females living with HIV/AIDS are currently 20-49 years old.

**Figure 5. Estimated Number of Persons Living with HIV/AIDS in New Jersey by Age Group 2001-2005**



Source: New Jersey HIV/AIDS Reporting System as of 12/31/2005



The relative distribution of persons living with HIV/AIDS for ages younger than 25 has not changed significantly within the last 5 years, while those aged 25-44 declined in the last years, possibly largely by aging into the next older age group. However, there has been a steady increase in the number of persons living with HIV/AIDS who are 45 to 64 years of age. This increase may be due to the fact that people are living longer with HIV/AIDS, and that recently reported cases of HIV/AIDS are older at diagnosis than in the past.

**Table 7. New Jersey Pediatric (1) Cumulative HIV and AIDS Cases**  
**Data Reported as of December 31, 2005**  
**Exposure Category (2) by Race/Ethnicity**

Mode of Transmission (2)	White	Black	Hispanic	Other/Not Reported	Total
Mother With/At Risk of HIV (3)	162	827	236	4	1,229
Hemophilia/Coagulation Disorder	10	7	5	0	22
Transfusion/Blood Components	15	3	4	0	22
Risk Not Reported/Other Risk	6	27	6	3	42
<b>Total</b>	<b>193</b>	<b>864</b>	<b>251</b>	<b>7</b>	<b>1,315</b>
<b>% Perinatally Infected</b>	<b>84%</b>	<b>96%</b>	<b>94%</b>	<b>57%</b>	<b>93%</b>

(1) Includes all patients under 13 years of age at time of HIV infection, who were New Jersey residents or diagnosed in New Jersey.

(2) Cases with more than one risk, other than the combinations listed, are tabulated only in the risk group listed first.

(3) Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

**Table 8. New Jersey Born HIV Pediatric Exposures (1) by Current Status**  
**and Year of Birth for Children Born 1993-2005 - Data as of December 31, 2005**

Birth Year	Infected (2)		Indeterminate (3)		Seroreverter (4)		Total Reported
	No.	(%)	No.	(%)	No.	(%)	No.
1993	86	23%	85	23%	196	53%	367
1994	55	17%	111	34%	163	50%	329
1995	50	15%	88	27%	185	57%	323
1996	39	13%	71	24%	181	62%	291
1997	33	12%	78	28%	165	60%	276
1998	23	8%	88	29%	189	63%	300
1999	14	6%	68	28%	158	66%	240
2000	15	6%	71	26%	183	68%	269
2001	9	4%	66	31%	137	65%	212
2002	4	2%	76	34%	145	64%	225
2003	7	4%	57	30%	129	67%	193
2004	6	2%	59	29%	142	69%	207
2005*	6	6%	77	71%	25	23%	108

(1) Exposure - Child was exposed to HIV during pregnancy/delivery.

(2) Infected - Child is infected with HIV/AIDS.

(3) Indeterminate - Child was exposed but actual status of infection is unknown.

(4) Seroreverter - Child was perinatally exposed and proven to be uninfected.

\* Year 2005 data is incomplete

**Table 9. New Jersey Pediatric Cases Living with HIV/AIDS (1)**  
**by Race/Ethnicity and Current Age**  
**Data as of December 31, 2005**

Race/Ethnicity	Current Age							
	< 5 Yrs.		5-12 Yrs.		>= 13 Yrs.		Total	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
White	0	0%	34	12%	69	15%	103	13%
Black	26	74%	206	71%	290	64%	522	67%
Hispanic	8	23%	48	17%	92	20%	148	19%
Other	1	3%	1	0%	2	0%	4	1%
<b>Total</b>	<b>35</b>	<b>5%</b>	<b>289</b>	<b>37%</b>	<b>453</b>	<b>58%</b>	<b>777</b>	<b>100%</b>

(1) Living Pediatric HIV/AIDS cases who were New Jersey residents or diagnosed in New Jersey.



Most pediatric cases are a result of perinatal transmission.

Perinatal transmission has been reduced to less than 5%.

Approximately, 250 Individuals infected perinatally in the early 1990's are now approaching adulthood.

80 percent of pediatric cases living with HIV/AIDS are minorities.

**Intensive Mobilization to Promote AIDS Awareness through Community-based Technologies (IMPACT)** is a city-by-city community mobilization initiative designed to galvanize and support African American leaders to reduce the spread of HIV/AIDS in cities with the highest prevalence of HIV/AIDS.

**Table 10. African Americans Living with HIV/AIDS:  
Number of Cases and Rank  
for Ten IMPACT Cities as of December 31, 2005**

Area of Residence	Rank among 10 IMPACT Cities in African American HIV/AIDS Prevalence Rate	Number of African Americans Living with HIV/AIDS	African American Population	Ratio of African Americans Living with HIV/AIDS to Overall African American Resident Population
Newark	1	4,634	142,083	One in every 31
Atlantic City	2	525	17,168	One in every 33
Elizabeth	3	516	22,329	One in every 43
Jersey City	4	1,432	64,389	One in every 45
Paterson	5	1,016	46,882	One in every 46
East Orange	6	1,175	61,604	One in every 52
Trenton	7	763	43,497	One in every 57
Irvington	8	828	48,852	One in every 59
Plainfield	9	371	28,698	One in every 77
City of Camden	10	418	39,753	One in every 95
Ten IMPACT Cities (combined)		11,678	515,255	One in every 44

**Note:** Table includes only those persons known to be infected with HIV.

Population figures are based on the 2000 U.S. Census. Municipal population estimates by race/ethnicity are only available for the Census year. Estimates may overstate changes since only numerators are changing. African American includes single race only, not Hispanic.



Sixty-four percent of the State's African Americans living with HIV/AIDS reside in one of the 10 IMPACT cities. However, these cities show wide variation in HIV/AIDS prevalence.

Newark and Atlantic City have the highest prevalence rates of African Americans living with HIV/AIDS. One in 31 African American residents in Newark, and one in 33 African American residents in Atlantic City, are living with HIV/AIDS.

Newark has the highest number of African Americans living with HIV/AIDS among the 10 cities. Over 1 in 4 African Americans living with HIV/AIDS in the State resides in Newark.

## Medical Monitoring Project



### **YOUR EXPERIENCE MATTERS**

New Jersey is one of 26 project areas collaborating with the Centers for Disease Control and Prevention (CDC) to conduct the Medical Monitoring Project (MMP).

The project includes in-person interviews and medical chart abstraction for selected persons in care for HIV who consent to participate. The data collected will provide information about: behaviors that may facilitate HIV transmission;

patients' access to, use of, and barriers to HIV-related secondary prevention services; utilization of HIV-related medical services; and adherence to drug regimens. Additionally, the project will collect information about clinical conditions that occur in HIV-infected persons as a result of their disease or the medications they take, as well as the frequency and quality of HIV care and support services being received by these patients. Ultimately, this information will be used to direct future resources for HIV-infected patients and improve services.

Your participation is necessary for the success of this project. If contacted about this study by the New Jersey Department of Health and Senior Services, please agree to participate. For more information about this project call (609) 984-5980.